

12-19-05

PTO/SB/21 (09-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/658,787-Conf. #1823
		Filing Date	September 9, 2003
		First Named Inventor	Carl H. JUNE et al.
		Art Unit	1633
		Examiner Name	M. Leavitt
Total Number of Pages in This Submission	5	Attorney Docket Number	36119.140US2/AM100528

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	WILMER CUTLER PICKERING HALE AND DORR LLP		
Signature			
Printed name	Colleen Superko		
Date	December 15, 2005	Reg. No.	39,850

Express Mail Label No. EV621477168US Dated: December 16, 2005



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<p style="text-align: center;">Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p style="text-align: center;">FEE TRANSMITTAL For FY 2005</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p style="text-align: center;">Complete if Known</p> <table border="1"> <tr> <td>Application Number</td> <td>10/658,787-Conf. #1823</td> </tr> <tr> <td>Filing Date</td> <td>September 9, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Carl H. JUNE et al.</td> </tr> <tr> <td>Examiner Name</td> <td>M. Leavitt</td> </tr> <tr> <td>Art Unit</td> <td>1633</td> </tr> <tr> <td>Attorney Docket No.</td> <td>36119.140US2/AM100528</td> </tr> </table>		Application Number	10/658,787-Conf. #1823	Filing Date	September 9, 2003	First Named Inventor	Carl H. JUNE et al.	Examiner Name	M. Leavitt	Art Unit	1633	Attorney Docket No.	36119.140US2/AM100528
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Attorney Docket No.	36119.140US2/AM100528														
TOTAL AMOUNT OF PAYMENT		(\$) 180.00													

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 08-0219 Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

<u>Each claim over 20 (including Reissues)</u>	50	25
<u>Each independent claim over 3 (including Reissues)</u>	200	100
<u>Multiple dependent claims</u>	360	180

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
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Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

3 APPLICATION SIZE EEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
_____ - 100 = _____ /50 _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g. late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

SUBMITTED BY				
Signature		Registration No. (Attorney/Agent)	39,850	Telephone (617) 526-6000
Name (Print/Type)	Colleen Superko		Date	December 15, 2005

Express Mail Label No. EV621477168US Dated: December 16, 2005